

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166809

FILED
Apr 24, 2006
Secretary of State

Entity Name: KID TALK SPEECH THERAPY SERVICES, INC.

Current Principal Place of Business:

12670 NEW BRITTANY BLVD
STE. 202
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12670 NEW BRITTANY BLVD
STE. 202
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-1969831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, AMY H
1415 PANTHER LANE SUITE 249
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOGSDON, AMY L
Address: 9679 SPRINGLAKE CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: BOWEN, DEBORAH T
Address: 3671 KENT DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY LOGSDON

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date